

JULY 1 2013 – JUNE 30, 2014

571-258-3280

☐ Newsletter ☐ Trips Update ☐ Other

PLEASE PRINT AND COMPLETE BOTH SIDES OF APPLICATION:

- please complete medical information on back side and sign

Medical information is requested for your protection when participating in Loudoun County Senior Programs (including meal program). As with all information, we maintain strict rules of confidentiality designed to protect your privacy. This form also serves as your health form for senior day trips.

PLEASE PRINT:

Last Name _____ Preferred First Name _____

Physician's Name: _____ City: _____ State: _____

Physician's Phone: (_____) _____

Overall Health: _____ Excellent _____ Good _____ Fair _____ Poor

All Allergies: _____

All Medical Conditions or Diagnoses: _____

All Current Medications (include over the counter)	Dose and Frequency (mg./x per day)	Reason Prescribed

Communication: _____ English _____ other (specify) _____

_____ cannot communicate _____ hearing impaired _____ sign/gestures

Member Agreement:

I recognize that all activities, classes, trips and transportation provided by the Department of Parks, Recreation and Community Services (PRCS) involve some risk and, by registering for a specific activity, I am representing that I understand possible risks involved with this type of activity. Furthermore, I understand that Loudoun County PRCS will not be responsible for me when I am traveling to and from an activity via transportation not provided by the County of Loudoun. Also, by signing below, I give permission for Loudoun County PRCS to use photographs and videos of me for publicity in order to increase community awareness of PRCS programs and in publications and other media without limitation.

Signature: _____ Date: ____/____/____

You have my permission to allow qualified volunteers, who have agreed to and signed a Loudoun County Confidentiality Agreement, handle this document under the direction and/or supervision of Area Agency on Aging Staff.

Yes _____ No _____

ADA – Loudoun County Department of Parks, Recreation and Community Services is committed to complying with the Americans with Disabilities Act (ADA). If you need reasonable accommodations in order to participate, call the appropriate Community Center/Program Area at least one week prior to the start of the activity.

Office Use Only

Rectrac _____ Membership Card _____ Access _____ Email/Label _____ AIM _____